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Original Article

Factors influencing osteopathic medical students' intent to work with underserved populations: Implications for curriculum enhancement



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ABSTRACT

Background: Fewer medical students are selecting primary care, and medical students' attitudes toward underserved populations may impact their decision to pursue primary care.

Objective: This study investigated first year medical students' beliefs and attitudes toward underserved patient populations and how those attitudes might influence their intent to care for the this population as a career choice.

Methods: A cross-sectional, correlational research design was used to determine the influence of attitudes and beliefs on osteopathic medical students' intention to provide care to underserved patient populations in future practice. Between 2011 and 2015 data were collected using the Medical Students Attitudes Scale via written questionnaire from 829 first-year attending a large osteopathic medical school in the United States.

Results: More positive attitudes toward equitable healthcare, greater belief that access to medical care is influenced by socio-cultural-environmental factors (e.g., income, gender), sense of professional responsibility, choice of family medicine as a career, and being female were related to higher levels of intent to work with underserved populations; desire for higher income and choice of surgery as a career choice were associated with less intent. Multivariate modeling successfully explained the 29% of the variance in predicting intention to provide care to the underserved in future practice.

Conclusions: With an increasingly diverse population and increasing health disparities, osteopathic medical schools might consider incorporating changes in their curricula to inculcate cultural competency and social responsibility and foster more compassion among students to care for underserved populations.

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Implications for practice

- Underlying beliefs and values about working with underserved populations held by incoming osteopathic medical students need to be addressed at the start of their medical training.
- The majority of osteopathic physicians practice primary care, yet there is an overall disinterest in working with underserved or indigent populations among osteopathic medical students; incoming students may have unrealistic career expectations.
- Some students are unsure if they want to practice in underserved areas, providing an opportunity to intervene with students at the entry-level.
- This research suggests that multidimensional curriculum enhancements to help produce more community and rural health care physicians may be warranted.

Introduction

Osteopathic medicine as a profession has risen to lead efforts to include more humanistic qualities in its practice. The school curricula are designed to teach skills to students who, for the most part, will work on the front line of medicine as primary care physicians (PCP)^[1]. Organizations affiliated with osteopathic medicine, such as the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine, claim that this branch of medicine has a tradition of providing care to underserved areas and populations and that it fosters physicians with an appreciation of diversity and equality of all people^[2].

A well-established problem facing medicine is that fewer medical students are moving into primary care^[3] and the retention of physicians in primary care is declining^[4]. Trends observed include decreasing physician empathy, declining quality of life, declining quality of patient care, dissatisfaction with work-life balance, high burnout, and high emotional exhaustion^[5], which may deter graduates from doing residency in family, or rural medicine.

The loss of interest in primary care as a specialty and declining attitudes toward working with underserved¹ communities have also been associated with education-based factors including the presence of role models. There is an increasing body of knowledge demonstrating how medical students are influenced by the positive and negative opinions of their colleagues and mentors toward primary care and the underserved^[6]. Medical students may not perceive primary care to be a field that is well respected within the professional community. It has been conjectured that negative attitudes of physicians toward working with poor and underserved¹ communities contribute to these attitudes^[7].

Producing primary care physicians is an important component of the mission of osteopathic medical education. However, the relationship between attitudes and career choice among osteopathic medical students' has not been well investigated. While several studies have made important contributions to the understanding of allopathic medical students' attitudes toward primary care and working with underserved populations, few have investigated this concept in osteopathic medical students. The authors thus sought to answer the question: What are the factors that influence medical students when deciding on a career in primary care

(PC) with underserved communities? More specifically, (a) What are the attitudinal factors that influence the medical student to choose a career in PC with underserved populations?, and (b) What are the logistical factors (e.g., working conditions, desired income) that influence the medical student to choose a career in PC with underserved populations?

Materials and methods

Participants and procedures

A cross-sectional, correlational research design was used to determine the influence of certain attitudes (e.g., personal responsibility to treat, patients' rights to treatment) on osteopathic medical students' intention to provide care to underserved patient populations as a career choice. Data were collected from a convenience sample of 829 incoming students during orientation at an osteopathic medical school in a large southeastern university in the United States in 2011–2015. Single items were used to assess demographic variables (e.g., age, gender) and other characteristics of the sample. Data were analyzed using multivariate regression analysis.

Approval was obtained from the institution's ethics committee, the Institutional Review Board (IRB). Prior to participating in the study, potential participants were informed about the purpose of the study verbally and via a cover letter which accompanied the questionnaire. The cover letter included assurances of the anonymity of the survey and that their participation was voluntary and they could withdraw from the study at any time. The possible risks and benefits to the study were explained in addition to plans for disseminating results. No incentives for participation were provided. The questionnaire took approximately 15–20 min to administer and complete.

Measures

Students voluntarily completed the 56-item survey which contained, among items constructed by the researchers, the Medical Student Attitudes toward the Underserved (MSATU)^[8]. The MSATU, which assesses attitudes about medical care and underserved patient populations, is the only known reliable instrument that addresses the topic. Reliability, validity, factor analysis, and internal consistency coefficients for this instrument are reported elsewhere^[9].

The MSATU instrument uses a 5-point Likert scale (agree to disagree). The measure assesses attitudes regarding professional role or responsibility, organizational role or responsibility, and personal (student) role or responsibility. It also includes items on attitudes toward services ranging from basic to extensive care to which individuals should have access regardless of their ability to pay. These themes are broken into subscales and are described below.

Attitudes toward equitable healthcare

In terms of who should provide medical care, participants were asked to rate the extent to which they think the medical profession, communities, society, or individuals were responsible for providing healthcare to the underserved. Twenty-three 5-point Likert-type items (*strongly agree to strongly disagree*) addressed whether the medical profession, communities, society, or individuals were responsible for providing healthcare to the underserved. Examples if items include "Physicians should be responsible for providing medical care to the needy" and "It is the responsibility of private charitable organizations to provide some funding for health care services." Higher scores indicate more favorable attitudes toward

¹ Provided with inadequate service.

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